

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080423

1. Entity Name

WINMAX TRADING GROUP, INC.

**FILED**  
Jul 10, 2001 8:00 am  
Secretary of State

07-10-2001 90108 019 \*\*\*550.00

Principal Place of Business

Mailing Address

429 SEABREEZE BLVD.  
SUITE 227  
FT. LAUDERDALE FL 33316  
US

429 SEABREEZE BLVD.  
SUITE 227  
FT. LAUDERDALE FL 33316  
US

2. Principal Place of Business

3. Mailing Address

530 S Federal Highway

555 S Federal Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 150

Suite 270

City & State

City & State

Deerfield Beach, FL

Boca Raton, FL

Zip

Country

Zip

Country

33441-4140

USA

33432

USA

4. FEI Number

65-0702554

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORAITIS, DEBORAH F  
2929 EAST COMMERCIAL BLVD.  
SUITE 701  
FT. LAUDERDALE FL 33308

Name

Brenda Lee Hamilton

Street Address (P.O. Box Number is Not Acceptable)

555 S Federal Highway

Suite 270

City  
Boca Raton

FL

Zip Code  
33432

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required with registration)  
Brenda Hamilton

July 2 01  
DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
PISTOR, RALPH  
429 SEABREEZE BLVD.  
FT. LAUDERDALE FL 33316 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President & CEO  
Gerald E. Sklar  
208 - 5920 Macleod Trail S  
Calgary, AB T2H 0K2 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
KLAHRE, IGOR  
429 SEABREEZE BLVD.  
FT. LAUDERDALE FL 33316 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Dave Young  
208 - 5920 Macleod Trail S  
Calgary, AB T2H 0K2 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Anthony K. Miller  
25809-D Business Center Drive  
Redland, CA 92374 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Elaine Prober  
9 Hawthorne Place #4N  
Boston, MA 02114 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald E. Sklar

June 13, 2001 1-888-533-4555

Date

Daytime Phone #

CR2E034 (10/00)

0259403